

AUG 19 2005

**sanofi pasteur**

The vaccines business of sanofi-aventis Group

*Intellectual Property – Knerr Building*  
*One Discovery Drive*  
*Swiftwater, PA 18370 USA*

*Telephone: 570-839-5537*  
*Faxsimile: 570-895-2702*  
*E-Mail: robert.yoshida@sanofipasteur.com*

**Fax**

To:  
 Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450  
 Facsimile: (571) 273-8300

From:  
 Robert Yoshida  
 Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

August 19, 2005

Appl. No.:	10/043,344
Applicant:	Sheena M. Loosmore et al.
Filed:	January 14, 2002
Title:	Transferrin Receptor Genes
TC/A.U.:	1645
Examiner:	Hines, Ja-Na
Confirmation No.:	7370
Docket No.:	1038-1221 MIS:jb

This facsimile consists of:

- Certification of Transmission under 37 CFR 1.8
- Transmittal Form (1 page)
- Transmittal Letter (2 pages)
- Revocation of Power of Attorney with New Power of Attorney (1 page)
- Power of Attorney and Correspondence Address Indication Form (1 page)
- Statement Under 37 CFR 3.73(b) (1 page)

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 THANK YOU

U.S. Appl. No. 10/043,344, filed Jan. 14, 2002  
Attorney Docket No. 1038-1221 MIS:jb

PTO/SB/97 (09-04)

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on 08/19/05  
Date



Signature

Robert Yoshida

Typed or printed name of person signing Certificate

54,941(570) 893-5537

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The following papers listed below are submitted:

Transmittal Form (1 page)

Transmittal Letter (2 pages)

Revocation of Power of Attorney with New Power of Attorney (1 page)

Power of Attorney and Correspondence Address Indication Form (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

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PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/043,344
Filing Date	January 14, 2002
First Named Inventor	Sheena M Loosmore
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MIS:jb

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Certificate of Transmission
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		
The total number of pages in this submission includes this Transmittal Form		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Form Name	Sanofi Pasteur Inc.		
Signature			
Printed name	Robert Yoshida		
Date	August 19, 2005	Reg. No.	54,941

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name			
	Date		

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AUG 19 2005

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**Appl. No.:** 10/043,344  
**Applicant:** Sheena M. Loosmore et al.  
**Filed:** January 14, 2002  
**Title:** Transferrin Receptor Genes  
**TC/A.U.:** 1645  
**Examiner:** Hines, Ja-Na  
**Confirmation No.:** 7370  
**Docket No.:** 1038-1221 MIS:jb

**BY FACSIMILE: (571) 273-8300**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-8300

**TRANSMITTAL LETTER**

Sir:

Attached herewith are: 1) Revocation of Power of Attorney With New Power of Attorney Form, 2) Power of Attorney and Correspondence Address Indication Form, 3) Statement Under 37 CFR 3.37(b), and 4) Certificate of Transmission under 37 CFR 1.8.

The Applicants respectfully request consideration and entry of these papers. Should the Examiner have any questions concerning this paper, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date: August 19, 2005

By:   
Robert Yoshida  
Reg. No. 54,941

Appl. No. 10/043,344  
New Power of Attorney

Sanofi Pasteur Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370  
Telephone: (570) 839-5537  
Facsimile: (570) 895-2702

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/043,344
Filing Date	01/14/2002
First Named Inventor	Sheena M Loosmore
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

Firm or  
Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

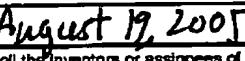
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature: 

Name: Robert Yoshida

Date: 

Telephone: (570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/043,344
Filing Date	January 14, 2002
First Named Inventor	Sheena M Loosmore
Title	Transferrin Receptor Genes
Art Unit	1645
Examiner Name	Hines, Ja-Na
Attorney Docket Number	1038-1221 MIS:jb

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 

OR

 Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Todd Sladek	53,768
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number: 

OR

 The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Sanofi Pasteur Inc.			
Address	Intellectual Property - Knerr Building One Discovery Drive				
City	Swiftwater	State	PA	Zip	18370
Country					
Telephone	570-839-5537	Email			

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Yoshida</i>	Date	August 19, 2005
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.

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PTO/SB/66 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 10/043,344 Filed/Issue Date: January 14, 2002Entitled: Transferrin Receptor Genes

Aventis Pasteur Limited, a Corporation  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 008213, Frame 0755, or for which a copy thereof is attached.

**OR**

A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida

Signature

Robert Yoshida

Printed or Typed Name

August 19, 2005

Date

(570) 839-5537

Telephone Number

Patent Agent

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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